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MORBID FEARS AND IMPERATIVE CONCEPTIONS—THEIR HOMŒOPATHIC TREATMENT.*

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OF the many abnormal conditions of the human intellectual and emotional nature, none are more puzzling to the general practitioner and at times more trying to the family of the sufferer than those known as morbid fears and the often associated and closely related imperative conceptions.

The term morbid fear expresses but dimly the actual experience of the individual under it; it is a nameless terror or dread that, as it were, takes possession of him when he attempts some action that can be done without annoyance by a person not so affected. The terror is often so great, so intense, that the victim loses control of his limbs, breaks out into a sweat, has severe palpitation and often vertigo. The occasions in which the morbid terror appears vary in different individuals, and according to the special cause a special name may be assigned to each manifestation. The most common of the morbid fears is agoraphobia, or fear of open spaces. In this form the patient cannot enter a large open space, such as a public square, especially if empty of human beings, without being at once seized by the state of terror referred to, and in some instances cannot even cross a street unaided. The association of another person, in some cases, will keep the morbid feeling away, in others the sufferer may get enough relief to continue

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his walk if he clings closely to the houses or if he follows closely a wagon, and in one case herein reported there was partial relief by keeping the head covered.

Another variety of the trouble is known as claustrophobia or clithrophobia. In this the patient cannot remain in a closed room without experiencing the terror.

Still another is the occurrence of the dreadful sensations when the patient is in a crowd, so that a gathering of people on the street or in a public hall or church is equally inimical. To this form the term koinoniphobia has been applied. An interesting case of this kind is reported below.

Fear when alone is not an uncommon form. It is a higher degree of agoraphobia (Kraepelin). For this the word eremophobia would serve as a designation, but it is misleading to attempt to give a name to each of the possible manifestations of morbid fear. The well-known word anthropophobia has been long used to express a misanthropic dread of men, and is also used to express fear or dread of men as an inexplicable terror; koinoniphobia means fear when in society or gatherings of people; amaxophobia has been applied to the fear occurring when driving in a wagoh. The more common fears being under suitable terms all that is necessary in the way of bestowing names has been done. In fact, in many cases the morbid fear manifests itself in a number of circumstances, and then the title of the most prominent mode of appearance of the fear may serve to designate the whole condition. At times, however, the conditions in which fear occurs in an individual are so many that we might well employ the word pantophobia, meaning fearful of all, as designating the state, more especially as a recent writer in *Wiener medicinische Wochenschrift* has erroneously used the word pathophobia to express the idea of morbid fear as such; the correct word for this would be phobopathy, or the "fear disease."

The form known as mysophobia, or dread of defilement, is not, according to my view, to be classed with the morbid fears, since it is not so much an unaccountable horror that seizes the patient upon touching anything that may have upon it some defilement or infection, but rather an intensely disagreeable feeling at running the risk of defilement. This, I think, is a transition-form between the morbid fears proper and the imperative conceptions.

In the latter the patient has, first and predominant, a notion, imperative in its character, that if he does or omits to do, something as the case may be, he experiences a feeling that some calamity is im-

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pending over him, or it is a fear that he has done some ordinary duty in a faulty or incomplete manner. If the former, he must walk in a certain way or direction, or only along the joints of the pavement or else must avoid them, or he must touch certain objects on his way, etc.; if the latter, he is not sure that he has directed a letter correctly, or that he has signed it, or that he has locked a door properly, and consequently he does, over and over, the thing that has been already done and suffers increasing torment from yielding to this form of mental weakness.

One form, which I include in the imperative conceptions, is that of the "counting impulse." Of this I have seen two cases, and in both life had become a torment, as every thing had to be done over and over until the right number of times was reached, but I have been unable to elicit from either of the patients just what made the right number or how she knew when it was right.

Dressing in the morning took hours, and going to bed at night was so delayed that in one case sleep was materially shortened. In one case there was also the condition mentioned in an analogous instance by Kraepelin, where the patient was impelled to count everything, the words in a speech, the letters in a poem, etc., but in my case the patient would count the number of visitors, the number of words they spoke, etc., and was in distress lest the number would not "come out right," and at the end of the day was in additional distress because it had not, and as a matter of fact it usually did not.

Meynert reports a case in which this feature was present in some degree: "Any action that was begun, such as driving a nail, could not be completed without the aid of a verbal artifice, by repeating several times, 'one, two, three; now it is done.'"

The states in which the patient fears or dreads that he will do or not do certain actions, and thus bring upon himself or others some injury, have received the general term autophobia. Meynert says that in the lightest form the patient opens a letter repeatedly to see whether it has been properly written; after leaving home he returns worried lest he has not locked the door. A peasant, æt. twenty-three, who had for years suffered from headache, pressure on the head, and sense of constriction in the chest, was in fear at the sight of a loaded wagon, lest he would throw himself before the horses, or at the sight of a stone in the road lest he would kill some one with it, or in bed at night would be seized with the idea of shooting his father, or when on a bridge that he would throw a child into the river, or during a sermon that he would interrupt the preacher. He was tormented

mentally by the consideration of his parent's suffering in dying, or the preacher's consternation at the interruption, and of other consequences of the entirely supposititious actions."

"Another case, æt. forty-two, had, since his twenty-first year, attacks of fear that when anything was lost he would be charged with its theft. These thoughts extended so that soon he could not read the account of a murder in the newspaper without fearing that he would fall under suspicion and then was added an imperative notion that he must identify himself with the real criminal. Latterly the attacks had increased so that he could not see a knife without fearing that he would use it criminally, or a needle, that he would stick it into a loaf of bread and so injure some one who should swallow it." Case VII., given below, has these and many more similar symptoms.

Concerning the etiology of these affections, even a novice will say that they depend upon a weakening of the central nervous system, and it is admitted by all experienced observers that such is the case. But a distinction has been made which it is worth while to consider. In the simple phobias, the state is purely an emotional one, a nameless terror, and intellectual dread, if present, is only in anticipation of a repetition of the experience. In the imperative conceptions the process is purely in the intellectual sphere and the abnormal state of feeling results therefrom.

In the first form we have to deal with a neurotic individual having well-marked neurasthenia, or it may be hysteria, most commonly acquired through the habits or environment of the individual. In the second form, which is much graver, we shall find the neurotic state, but this as the result of heredity plus habits and environment.

As a matter of fact, it is now admitted that the first form is often curable and generally amenable in a very marked degree to treatment, while the second is not considered curable nor even susceptible of more than partial amelioration.

In separating as distinctly as I have done the morbid fears or phobias, I have followed what appears to me, from such experience as I have had with both forms, actual clinical differences. I am aware, however, that Meynert, Krafft-Ebing, Schule and most observers include the morbid fears in the imperative conceptions, but without venturing to assail the conclusions of such authorities it seems to me that there are cases in which the terror, sense of impending evil, or anxiety overwhelm primarily the sufferer's powers psychical and physical, and only secondarily educe a formal conception or intellectual act in the higher sense. That the two states of morbid fear and im-

perative conceptions do often co-exist is a matter of daily knowledge, and I look upon mysophobia as an instance of such combination.

Westphal has called the imperative conception an abortive paranoia, and another writer has said it is a rudimentary delusion. Following analogy, it seems to me that a pure phobia might be termed a temporary outbreak of the anxiety of melancholia.

Ziehen, of Jena, in Part I., Supplement to Eulenburg's Real-Encyclopædie, p. 34, shows that there are two forms of agoraphobia, one the pure form, in Westphal's sense, in which the feeling of dread, or anxiety, is entirely primary, appearing immediately upon or after certain visual perceptions (such as that of an open space) and wholly independent of any idea or notion whatever. In this pure form of agoraphobia ideas or conceptions occur only secondarily.

Kraepelin treats of the morbid fears as manifestations independent of imperative conceptions.

Further discussion of this point would lead us away from the purpose of this paper.

The future of these cases is largely dependent upon the degree in which the nervous system has been injuriously affected by the influence of heredity. The cases that are subjects of acquired neurasthenia may develop a tendency to morbid impulses, and even a typical agoraphobia has been the forerunner of dementia paralytica. The danger of subsequent insanity is greater where imperative conceptions exist. Kraepelin says that imperative conceptions are often the beginning of a real psychosis. In any case the existence of the psychically degenerative state offers a more fruitful ground for the outbreak of real mental impairment.

The treatment by medicines is not easy; yet a study of the annexed repertory will show that we have many remedies which, in the provings, have produced very similar and in some instances even identical symptoms. But the choice of a remedy must be made from all the symptoms of the patient, and the accompanying list will serve its purpose best to confirm by its special symptoms the choice of a drug already made from other rubrics of a general repertory.

The following cases are reported as contributions to the literature of the subjects and as illustrations of the principle just stated, viz., that where these troubles are the outcome of neurotic heredity very little relief is to be expected from medicinal treatment, the most valuable results being obtained from a radical change in the patient's mode of life. On the other hand, in those cases in which the underlying neurotic state has resulted from the patient's habits or environment,

from traumatic influences, shock, etc., we may reasonably expect a cure by suitable homœopathic medication.

CASE I.—Mr. T., Jan., 1888, æt. twenty-four. On coming to an open space such as a public square or the intersection of streets, has a dreadful feeling come over him, and feels as if he would have a convulsion if he does not get under cover. His business requires a trip across the Atlantic, but not even the safety of his property could induce him to make the trip. Covering his head relieves certain associated sensory disturbances; this he thinks is due to the pressure rather than to the knowledge of being covered or to the warmth. Also has dread in a crowd and in looking up at a tall object, such as a church steeple. When on a high elevation is overcome by the fear that he might throw himself down.

The beginning of his trouble dates back thirteen years, when at a "funny" lecture an "uncanny" feeling came over him. Parents are both "nervous." Has nocturnal emissions two or three times a week; this has existed for twelve or thirteen years. He is tall, well built; feels strong; has been an athlete; does not drink, uses very little tobacco. Sleep is light and dreamful. Appetite good. Bowels in good order.

He thinks there is some weakness in limbs of right side with a sense of stiffness in right leg when walking; neither, however, can be shown objectively. Face feels to him as if drawn to the right, but nothing of the kind is apparent upon examination. This feeling was relieved by putting on his hat. Knee-jerks increased; slight ankle clonus; tremor of tongue; pupils react to light and in accommodation, pupillary reflex from neck good. On going to sleep has the feeling of falling from a height and wakes with the "stop." Is conscious of the beginning of morbid imperative impulses to do different things. Is readily affected by wine, two or three glasses making him talkative and slightly dizzy, and flushing his face.

This case came to me from Canada, and I saw him only at very long intervals. The influence of heredity and the absence of any of the commoner causes of neurasthenia made the prognosis of cure extremely doubtful. The peculiar sensory disturbances were a trying complication. He experienced considerable relief from them under the use of *dioscorea*, while *argentum nitricum* lessened considerably the morbid fears. After several prescriptions, with the partial success mentioned, I advised the use of electricity and have not heard from him since. The case was one of marked agoraphobia with sensory complications.

CASE II.—Mrs. G., Oct., 1890, æt. thirty-four. Her father had headaches and suffered from neuralgia. Her trouble began some eighteen months ago when she had a bad fright and within a day or two had dizziness. Now has a dreadful feeling if she has to leave her house; cannot do the ordinary shopping for her house, and comes to the doctor only under escort of her husband. The excitement produced by having to go to the physician causes diarrhoea, and on arriving she

is almost fainting and complains of palpitation. Is afraid to be alone, even in her own apartments; a general sense of fear which she cannot explain, comes over her towards evening. Has tremor of hands and tongue and frequent *globus hystericus*. Gets low spirited, chiefly, however, from recognizing that the trouble has interfered with her usefulness. Is conscious all the time of being hurried. Left knee-jerk exaggerated; pupils equal and react.

The influence of heredity in this case cannot be excluded. Ordinary neurasthenic symptoms are not present, but the hysterical manifestation slight, as it is (*globus*), shows the character of the underlying neurosis. She has improved greatly under the use of *argentum nit.* and *aurum met.* *Gelsemium* had no influence, although it was indicated by the occurrence of diarrhoea from mental or emotional states. *Lilium tig.* did no better. Many other remedies were tried without any real effect except the two first mentioned.

The case must be classed as agoraphobia.

CASE III.—Miss B., July, 1891, æt. twenty. Mother has headaches, one-sided. Father died of pneumonia, but is said to have been "nervous." Her trouble has existed for five years. On attempting to do anything has to do it over many times before it comes "right." Must count everything she does, even her steps in walking. Says she has no fear, but cannot go out on account of the trouble in getting ready by reason of the need to repeat many times every step in preparation. Imagines that something will happen if she does not "count." Has always been "nervous;" as a child would lie awake at night in bed and worry. Cries while telling her symptoms. Denies masturbation. Lately has noticed that something rises in her throat (*globus*). Menses regular but painful. Is constipated, evacuation occurring only once a week. Appetite good. Sleeps well but feels bad in the morning on waking.

The heredity is shown by the existence of imperative conceptions and morbid fears in two cousins on the father's side. One of these, a girl, has possibly mysophobia, for when her clothing is returned by the laundress it must not be touched by any one except herself; in such case she sends it back to be relaundered. She also, so my patient's mother informs me, "dedicates" different articles of clothing to the devil, whether as imperative conception or actual delusion I have not been able to find out.

An uncle of the patient, her father's brother, is said to be "queer," refuses to go to his office except under certain conditions, etc.

With heredity so strongly marked I have but little hope of relieving this patient by medicines. The family is well-to-do and the girl leads a life of idleness and worry. I have advised the mother to make the girl do hard work for several hours a day, but as the mother is a weak, nervous individual, she is unable to carry out any such suggestion. The case has been under treatment too short a time to admit of estimating the effect of medicines given. At present time, four weeks since she was first seen, there is no apparent change in her state. The

hysterical manifestation, the constipation and menstrual trouble will serve as guides in the selection of remedies.

The case is one of imperative conceptions.

CASE IV.—Mrs. M., May, 1891, æt. thirty-five. Was in a runaway some years ago; was dragged for a considerable distance and dreadfully bruised. In two months began to be nervous, and in sixteen months had melancholia with tendency to suicide. She was two years in this state, when it passed away in great part and she was pretty well till July, 1890. Now, if in a crowded place, an unspeakable terror comes over her, gets dizzy, and if not removed, faints. The ground seems as if unsteady, she feels as if she were sinking and there comes on a "jerking" of right upper arm. During the attacks she feels as if a moisture was springing through all the pores, feels a "panic through the nerves," with a sense of terror and overpowering depression, feels as if going to faint and staggers if she attempts to walk. A person blocking up the open doorway of a room in which she is, is sufficient to arouse her bad feelings.

Errors in diet will bring on feeling of apprehension with a sense of weakness in the neck so that she is unable to hold her head up. Has headaches every seven days, chiefly about right eye. Slight tremor of hands, knee-jerks normal, pupils equal and react.

In this case the entire absence of neurotic heredity, as well as the direct causation, (trauma) of her long chain of nervous ills led me to give a very favorable prognosis. As the patient lives in one of the Southern states and has no homœopathic physician within reach I had to trust her with the remedies. I gave *arnica* in the beginning with *gratiola*, *physostigma*, *argent. nit.* and *strophanthus*, to be used according to their indications. Under date of July 11, 1891, she wrote: "The horror that possessed me as I waked from sleep and the intangible dread of something awful about to happen have all disappeared. I sleep and wake with the calmness of a child. My headaches are less both in frequency and severity. . . . *Physostigma* met a very large part of my trouble, and later on, when I tried the *gratiola*, I was sure that they were the only two remedies I should need, but for a few days before and for a week after my periods, my nerves are in an uproar, though far less than they have been for a year past. Then a crowded church, an assembly of any sort, brings on some of the old condition, but even then not as bad as formerly."

The remarkable improvement in this case shows the freedom of the patient's nervous system from any degenerated inherited condition. In a letter dated Sept. 7, 1891, she writes concerning another matter, and, presumably, has not been bothered by her former fears as she does not mention them.

The case was one of koinonophobia, the outcome of a traumatic neurosis.

CASE V.—Mr. C., Jan., 1890, æt. forty-six. His trouble has lasted for five years. Six years ago had a bad attack of piles. Operation. Ever since his nervous system has been "upset." Has fear of traveling, cannot go to business unless accompanied by some one, because

he cannot ride in the cars. Has had indigestion for years. Has a regular "hysterical" attack occasionally; had one two weeks ago. Takes several "drinks" a day. Complains of pains in head, in lower back and between the shoulders; sense of pressure in head, frontal region. Tremor of tongue and hands. Tongue deviates to left and the mouth to right. Power in left arm and leg distinctly weaker than right. Pupils equal and react. Knee-jerks present but weak. No difficulty in walking.

Here no history of neurotic antecedents could be obtained, but his habits as a mild yet constant drinker, his indigestion, business worries, etc., probably developed the neurasthenic state. But that there has been some slight cerebral lesion is distinctly shown; it may, however, have occurred in childhood or infancy.

This patient improved after a few weeks so that he was able to go to business unaccompanied. He felt himself so much better that he ceased coming to me for several months, and then returned, as a slight recurrence of his morbid fear had followed an attack of influenza.

Argentum nitricum was his remedy, and if it could have been continued under medical restrictions as to repetition I believe he would have been relieved of the only remaining part of his trouble, that is, an unwillingness or fear to cross the rivers surrounding New York.

His case must be classed as agoraphobia, since the unwillingness of going out alone was so marked, yet the special feature, terror, etc., on riding in the cars might make the term amaxaphobia more applicable. The difficulty of getting an exactly fitting word for each case is well shown in this instance.

CASE VI.—Miss V., Oct., 1888, æt. twenty. Of marked nervous heredity; father a "crank," (afterwards went insane and was placed in an asylum); mother suffers from one-sided headaches. Patient stated to be a victim of masturbation; one prominent allopathic physician wanted to remove ovaries on this account. Patient refuses to go out of the house; sits in her room and cries, or says she is going crazy. When finally forced to go out gets in a state of terror, and, leaving her attendant, runs home after having gone a short distance. At home is continually counting everything that she herself does or that is done in her presence. Says she has to do it to get the numbers "right;" they do not "come right" and then she feels as if wild, as if going insane; at other times says she feels as if everything is unreal, as if she is in a dream, as if her head is empty.

Feels that "these things" will overpower her.

Patient has many symptoms of neurasthenia; spinal tenderness and occipital fulness and soreness; vaso-motor system involved, feet cold and then hot within a few minutes.

Slight tremor of tongue and hands. Pupils equal and react. Knee-jerks not exaggerated. Menses too early and profuse, with severe pain in left ovarian region. Appetite poor; constipation. No bladder difficulty.

Under treatment her physical state improved, digestion and sleep became nearly normal; no one remedy or set of remedies was of

She refuses to make visits lest she should displace or even carry away some article from the house visited; she will not go to a physician's office lest she should "mix up" in some way his medicines and so cause injury to someone else.

Not only is she afraid lest she might do some injury in the future, but after having been in circumstances where she might have done something of this kind she worries herself sick, feeling that she must have perpetrated such injurious act.

More than once, on my visits to her, I have had to assure her, in reply to her expressed fears, that she had not removed some vials from my medicine case. Once, during the present Spring, while walking in front of a building undergoing alteration she noticed the tools of a workman lying in a barrow. She had not gone half a block before she felt that she might have taken one or more of the tools and thrown them away or into a barrel standing near by. The conviction that she must have done something of the kind and the knowledge that it would work injury to the owner, made her, after long hesitation, turn back to assure herself of the facts in the case.

The most *bizarre* of all her notions is one that prevents her spending the summer at a resort near which grass grows. She says that if at any time she were sitting on the grass she might stick a pin into a blade of grass and that when the hay is made from that grass the pin would stick in the throat of some horse and injure him. Attempts on the part of the parents to rebel against the slavery imposed on them by the existing state of affairs have only led to hysterical or semi-maniacal out-breaks.

She has many neurasthenic symptoms, is sleepless, complains of stiffness in occiput, has tender spots along spine; becomes either excited or exhausted by conversation.

Treatment has helped in some degree the ordinary somatic symptoms of her neurasthenia, but has had no influence upon the morbid fears and notions. Here, as in Case VI., I am satisfied that if the patient had to earn her living as a house-servant she would be well; the heredity is not so bad as in that case. Under existing circumstances I can hold out but little hope of cure. Physical exercise is, in such cases, of the highest value to the moral and physical well-being of the patient, but the difficulty in the way of enforcing it as an obligation is practically insuperable.

No remedy that I have used has been of the slightest service, except as has been already said, in relieving some of the physical symptoms.

CASE VIII.—Mr. T., June, 1891, aet. thirty-eight. Seen only in consultation. Is the head of a very large business which he directs from his room. Agoraphobia and koinoniphobia. He cannot go out into the street unless accompanied by some one; fears to go into a crowd and dreads meeting strangers. Exercise (walking) having been recommended by his attending physician he takes it accompanied by his nurse, but cannot go more than two blocks away from his home,

else the terror becomes overpowering; he walks during the allotted time always within that limit of distance.

There is in this case no nervous heredity, but for some years he was under severe mental and emotional strain, during which he used stimulants and tobacco to excess.

Knee-jerks exaggerated; pupils equal and react. For several years, but not of late, the use of strawberries, currants, cherries or lettuce would cause the outbreak of an eruption that he termed water-blisters, on face, hands and body.

Has nervous dyspepsia; complains of pressure on top of head and a pulling back at occiput. Sleeps poorly, has cold feet at night in bed.

This case being one of acquired neurasthenia, has a better prognosis for cure of the annoying symptoms than it otherwise would have. Besides the general hygienic treatment I recommended *argent. nit.* and *physostigma*.

REPERTORY.—MORBID FEARS AND IMPERATIVE CONCEPTIONS.

Anxiety.—When in company: *acon.*, *bell.*, *lyc.*, *petr.*, *plat.*, *cad.* When alone: *dros.*, *meser.*, *phos.*, *tabac.*, *sinc.* When alone, aggrav.: *alcoh.* In house or room: *aster.*, *bry.*, *chel.*, *k. ca.*, *mag. m.*, *rhus*, *tilia.*, *valer.* In house or room, on entering: *rhod.* In house or room, *amel.* in: *ign.* When riding: *borax*, *lach.*, *psor.* When riding down hill: *borax*. When shaving: *calad.* When speaking: *alum.*, *ambr.*, *plat.* When speaking, aggravation: *nat. c.* On attempting to talk in company: *plat.* Walking, on: *anac.*, *arg.*, *arg. n.*, *bell.*, *cina.*, *clem.*, *hepar*, *nux vom.*, *plat.*, *staph.*, *tabac.*, *ign.* Walking on, in open air, *amel*: *rhus*. Walking on, in open air: *anac.*, *arg. n.*, *bell.*, *cina.*, *hepar*, *nux vom.*, *plat.*, *ign.* Walking on, in cool air: *nux vom.* Warmth, afternoon, during: *gamb.* Work, during: *anac.*, *graph.*, *iod.* Work, had to stop, for anxiety: *aloe.* In the open air: *acon.* In the open air, relieved: *arundo maur.*, *carlsbad.*, *grat.*, *laur.*, *mg. m.* During motion: *acon.*, *borax*, *mg. c.*, *nicc.*, *rheum.*

Fear.—Of being alone: *ars.*, *calc.*, *camph.*, *con.*, *dros.*, *elaps.*, *hyos.*, *k. ca.*, *lyc.*, *ran. b.*, *sep.*, *stram.* Of being alone lest he injure himself: *ars.*, *arg. n.* Of others approaching him: *anac.*, *arn.*, *con.*, *ign.*, *iod.*, *lyc.* Of contagion: *bov.*, *calc.* Corners, to walk past pointed: *arg. n.* Crowd, of going into a: *acon.*, *aloe.*, *am. m.*, *ars.*, *aur.*, *bar.*, *bufo.*, *calc.*, *cic.*, *con.*, *dios.*, *ferr.*, *graph.*, *hepar*, *hydr. ac.*, *k. bi.*, *k. ca.*, *led.*, *lyc.*, *nat. c.*, *nat. m.*, *phos.*, *puls.*, *rhus*, *selen.*, *stann.*, *tabac.*, *tilia.*, *gels.* Of going on a high bridge or lofty place lest he throw himself down: *arg. n.* Of public places, going into: *arn.* Dark, of the: *acon.*, *bapt.*, *calc.*, *lyc.*, *puls.*, *stram.*, *valer.* Of death, when alone: *arg. n.*, *ars.* When alone: *ars.*, *brom.*, *con.*, *dros.*, *k. ca.*, *lyc.* When alone,

as if something would happen, relieved by conversation: *ratan*. Of impending disease, worse walking in the open air: *hepar*. Of men: *bar. ac.*, *puls.* That he might do mischief, night on waking: *physo*. Of persons: *acon.*, *aloe.*, *am. m.*, *ars.*, *aur.*, *bar.*, *bar. ac.*, *calc.*, *cic.*, *con.*, *croton.*, *cupr.*, *dios.*, *ferr.*, *graph.*, *hepar*, *k. bi.*, *k. ca.*, *led.*, *lyc.*, *nat. c.*, *nat. m.*, *phos.*, *puls.*, *selen.*, *sep.*, *stann.*, *tabac.*, *thuja*, *carbo. v.* Of public places: *arn.* Of society: *hell.*, *tilia*. Of solitude: *ars.*, *asaf.*, *bell.*, *bism.*, *cadm.*, *camph.*, *clem.*, *con.*, *dros.*, *elaps.*, *gal. ac.*, *hyos.*, *k. ca.*, *lyc.*, *plb.*, *sep.*, *stram.*, *tabac.*, *verat.* Of solitude, in evening: *ran. b.*, *tabac.* Of strangers: *ambra.*, *bar. ac.*, *caus.* Of walking: *nat. m.* Of walking across busy streets: *acon.* Lest he should be run over: *anthemis.*, *nob.*, *phos.* Of doing harm: *cupr.* Of committing murder: *ars.*, *derris.*, *sulph.* Lest he should hurt himself: *calad.*, *cann. i.* Of disease: *ars.*, *bor.*, *ca. c.*, *carbol. ac.*, *ether*, *iris*, *janipha.*, *k. ca.*, *lil.*, *macrot.*, *na. m.*, *phos.*, *podo.* When driving in open air: *lach.*, *lip.*, *sep.* When walking in open air: *alum.*, *bar. ac.*, *cina.*, *hepar*. Walking: *anac.*, *tarant.* Walking in evening: *nux v.* In the room: *alum.*, *carlsbad.*; aggravation of fears: *bry.* By standing: *anac.* By standing, relieved: *iod.* As if from epigastrium: *dig.*, *mes.* Apparently proceeding from abdomen: *asar.* Apparently proceeding from the heart: *aur.*, *lyc.*, *meny.*, *merc. c.*, *mez.*, *phos.* Following hurry: *benz. ac.* On thinking of anything disagreeable: *phos.*

Hurry.—*acon.*, *ambr.*, *arg. n.*, *ars.*, *aur.*, *benz. ac.*, *calc.*, *camph.*, *cann. i.*, *carb. an.*, *carb. v.*, *cocc.*, *con.*, *graph.*, *hyos.*, *ign.*, *k. ca.*, *lach.*, *laur.*, *lil. t.*, *merc.*, *nat. c.*, *nat. m.*, *op.*, *phos.*, *ph. ac.*, *puls.*, *sep.*, *stram.*, *sulph.*, *sul. ac.*, *thuj.*, *viol. tr.*

Counting.—“Nothing was right, too many things in the room, continually counting them”: *physo*. (from a proving with third trituration).

Vertigo.—(Under special conditions that bring it into relation with the morbid fears). By passing over a stream: *ang.*, *brom.*, *na. m.*, *sulph.*, *bell.*, *bry.*, *bor.* By seeing flowing water: *ferr.*, *borax*. When he sees a large open plain: *sep.* On going along a narrow path: *bar. c.* In the room: *agar.*, *ars.*, *hell.*, *clem.*, *grat.*, *iris.*, *mg. m.*, *merc.*, *mosch.*, *mur. ac.*, *na. c.*, *paeon.*, *phel.*, *ran. b.*, *sil.*, *staph.*, *stram.*, *sul. ac.*, *tabac.* In a room, relieved: *agar.*, *caus.*, *cyc.*, *grat.*, *kreos.* In evening, if people stepped in front of her in doorway: *physo*. On looking at a height: *cupr.*, *plb.*, *thuja*.